

**APPLICATION FOR TRANSFER -- INSTRUCTIONAL POSITION**

FOR SCHOOL YEAR 20 ____ - 20 ____

Transfer forms may be submitted anytime after February 1st for the following school year but must be received by the Instructional Staffing Office at least ten days prior to the opening of school for the new year. **A newly hired/rehired teacher will be eligible to submit a voluntary transfer application only if he/she has been employed at the same work location for a minimum of two school years, and a hardship transfer application after one year. Teachers who have secured a voluntary transfer to another location will only be released after the end of the school year.** Note: Teachers requesting a transfer should follow up by personally contacting schools of their choice.

NAME (LAST)	(FIRST)	(MIDDLE)	EMPLOYEE NUMBER	HOME OR CELL #
HOME ADDRESS	(NUMBER)	(STREET)	(CITY)	(STATE) (ZIP)
PRESENT SCHOOL NAME			WORK LOCATION #	YEARS AT PRESENT LOC.
SUBJECT(S) LISTED ON CERTIFICATE				VALIDITY PERIOD

PLEASE INDICATE THE TYPE OF TRANSFER YOU ARE REQUESTING

- ☐ **VOLUNTARY**
- ☐ **HARDSHIP**
- ☐ Distance: ____ Miles within Miami-Dade County (one way by shortest route) between home and present school.
- ☐ Medical: Physician's statement **MUST** be attached.
- ☐ Special Consideration: Written explanation **MUST** be attached.

REQUESTED SCHOOL(S) FOR TRANSFER

Signature of Teacher_____
Date**OR REQUESTED REGION CENTER(S) FOR TRANSFER**

Directions: Please complete this section of the transfer application and submit it to your principal/supervisor. The principal/supervisor will acknowledge receipt, provide a copy for you, and forward the application to:

TO: W/L 9303 – SBAB - Room 150
Instructional Staffing
ATTN: EXECUTIVE DIRECTOR
persinq@dadeschools.net

PLEASE ALLOW 5-10 WORKING DAYS FOR PROCESSING.**PRINCIPAL'S/SUPERVISOR'S ACKNOWLEDGEMENT**☐ I am in receipt of this request for a voluntary transfer.

Teacher is on an Improvement Plan?

☐ Yes ☐ No_____
Signature of Principal/Supervisor_____
Date**OFFICE OF INSTRUCTIONAL STAFFING****Application Status**☐ ACCEPTED ☐ REJECTED_____
Signature of Executive Director_____
Date